

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN

U.S. DISTRICT COURT  
EASTERN DISTRICT-WI  
FILED

2015 OCT 29 P 12: 3

JON W. SANFILIPPO  
CLERK

Dominic Pierre Wilder Finch

(Full Name of Plaintiff or Plaintiffs)

**VS**

Sodexo, inc

Case No. \_\_\_\_\_  
(Supplied by Clerk)

(Full Name of Defendant or Defendants)

## COMPLAINT

## I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court relating to the same occurrence involved in this action?  
☐ YES ☒ NO
- B. Have you begun other lawsuits in state or federal court?  
☐ YES ☒ NO
- C. If your answer to A or B was YES, provide the requested information below. If there is more than one lawsuit, describe each additional one on a separate sheet of paper, using the same outline.

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

**Defendant(s)** \_\_\_\_\_

2. Court in which lawsuit brought (if federal court, name district: if state court, name the county)

3. Docket number \_\_\_\_\_
4. Current status (for example: Was the case dismissed? Was it appealed? Is it still pending)?  
\_\_\_\_\_  
\_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Approximate date of disposition \_\_\_\_\_

## II. PARTIES

- A. Your name (PLAINTIFF) Dominic Pierre Wilder Finch  
\_\_\_\_\_
- B. Your Address and Phone Number 1554 South 15th Street,  
Milwaukee WI, 53204, 414-326-7316  
(If there is more than one plaintiff, use the margin for extra space if you need it. List the address only if it is different from the address listed above).
- C. DEFENDANT (name) Sodexo, Inc  
\_\_\_\_\_
- D. Defendants address 729 North 11th Street, Milwaukee WI,  
53233  
\_\_\_\_\_
- E. Additional DEFENDANTS (names and addresses) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. STATEMENT OF CLAIM (follow instructions carefully)

State briefly as possible the *essential facts* of your case. Tell what each defendant did to you that caused you to file this suit against them. If you are complaining about more than one wrong, use a separate **numbered** paragraph for each wrong, and describe each wrong in that paragraph and only that paragraph. State only the facts. *Do not give any legal theories or arguments, do not cite any cases or statutes. Do not feel you have to use all the space.* USE NO MORE THAN THE SPACE PROVIDED. THE COURT STRONGLY DISAPPROVES OF STATING CLAIMS OUTSIDE THE SPACE PROVIDED.

Begin statement of claim: I On January 21st, 2014, I began work for the respondent at its Marquette University location as a Utility Worker. In October 2014, I made a Complaint to Human Resources and to my Managers that I felt I was being discriminated based on my race and religion and harassed by Management in the hall I worked in. I was suspended four times, in October of 2014, November of 2014, December 2014, and February of 2015.

II. In December 2014 I was suspended with no due process or warnings over a minor issue. I was given two consecutive five day suspensions, before the December break, leaving me off work from December 3rd, 2014 to January 10th, 2015. These actions taken against me are against the Company's own policy as well as the Union/company contract. I was suspended for 10 days and given no paperwork.

III. The constant and consecutive suspensions cause me to fall behind in rent payments and lose my place of residence and I had to move in with a friend. I began losing my independence.

VI Terminated without Union Representation at the final hearing which is against Sodexo's policy according to its contract with the union.

## STATEMENT OF CLAIM-Continued

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**STATEMENT OF CLAIM-Continued**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

END STATEMENT OF CLAIM

#### IV. RELIEF YOU REQUEST

State exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. DO NOT USE THIS SPACE TO STATE THE FACTS OF YOUR CLAIM. USE IT ONLY TO REQUEST REMEDIES FOR THE INJURIES YOU COMPLAIN ABOUT. Use only the space provided. The court strongly disapproves of requesting remedies outside the space provided.

1) I want to be Made Whole

2) Punitive Damages

3) Monetary Compensation for lost Wages

4) Emotional and Mental Distress Injuries Compensation

5) \$ 100,000.00

6) Punative Damages

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 29th day of October, 2015.

Dominick T. D'Amico

(Signature of Plaintiff(s))